Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

046601	1-5109

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT												
TOTAL CLAIMS			18				Ī	RATE	FEE		RATE	FEE
FO	R	NUMBER FILED		NUMBER EXTRA		j	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS / _ minus 20=				*6			X\$ 9=	-	OR	X\$18=		
INDEPENDENT CLAIMS 6 minus 3 =					*3_		ı	X42=		OR	X84≈	202
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	ala r
* If the difference in column 1 is less than zero, enter "0" in column 2							I	TOTAL		OR	TOTAL	1002
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
	Independent	*	Minus	***	5 01 4114	=		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		۱	+140=		OR	+280=	
							I.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	E CL AIM	=	1 [X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
							L	TOTAL ADDIT. FEE		OB	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3)					, , , , , , , , , , , , , , , , , , ,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4111	=	 	X42=		OR	X84=	
<u> </u>	LINO I PHESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		ا ا	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEEL OR ADDIT FEEL									TOTAL			
**	'If the "Highest Nu	mber Previously F nber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."		_	propriate box	ı	ADDIT. FEE lumn 1.	